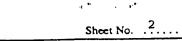


	_	_	
1			Α
4	100		m 1
1		.45	V

\mathbb{PCT}				
	International Application No.			
REQUEST	International Filing Date			
The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.	Name of receiving Office and "PCT International Application" Applicant's or agent's file reference			
	(if desired) (12 characters maximum) FPO764.3/TAC			
Box No. I TITLE OF INVENTION APPARATUS FOR DEPLOYING AN AIRBAG THROUGH A HARD PANEL				
Box No. II APPLICANT				
Name and address: (Family name followed by given name: for a legal The address must include postal code and name of country. The country of Box is the applicant's State (i.e. country) of residence if no State of residence.	entity, full official designation. of the address indicated in this ence is indicated below.) This person is also inventor.			
TEXTRON AUTOMOTIVE COMPANY INC	Telephone No. Facsimile No.			
onitied beates of nimerica	Teleprinter No.			
State (i.e. country) of nationality:	State (i.e. country) of residence: United States of America			
	ted States except the United States the States indicated in			
for the purposes of: States the United Box No. III FURTHER APPLICANT(S) AND/OR (FUR				
Name and address: (Family name followed by given name; for a legal The address must include postal code and name of country. The country Box is the applicant's State (i.e. country) of residence if no State of result LABRIE, Craig B. 59 Upper Factory Road Dover, New Hampshire 03820 United States of America	entity, full official designation of the address indicated in this dence is indicated below.) This person is: applicant only inventor only (If this check-bax is marked, do not fill in below.)			
State (i.e. country) of nationality: US	State (i.e. country) of residence: US			
This person is applicant all designated all design the United	the United States the States indicated in the States of America only the Supplemental Box			
Further applicants and/or (further) inventors are indicated on a continuation sheet.				
Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE				
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:				
Name and address: (Family name followed by given name; for a leg The address must include postal code and name	al entity, full official designation. te of country.) (248) 689-3500			
JONES, Eric T. Reising, Ethington, Barnes, Kiss Learman & McCulloch, P.C.	Facsimile No. (248) 689-4071			
P.O. Box 4390 Troy, Michigan 48099 United States of America	Teleprinter No.			
Mark this check-box where no agent or common represeindicate a special address to which correspondence shoul	ntative is/has been appointed and the space above is used instead to			



Continuation of Box No. III FURTHER APPLICANTS AND/	Continuation of Box No. III FURTHER APPLICANTS AND/OR (FURTHER) INVENTORS				
If none of the following sub-boxes is used, this sheet is not to be included in the request.					
Name and address: (Family name followed by given name; for a legal entity. The address must include postal code and name of country. The country of the Box is the applicant's State (i.e. country) of residence if no State of residence if STAWICKI, Edwin V. 3972 Chevron Highland, Michigan 48356 United States of America	full official designation. address indicated in this is indicated below.)	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.)			
State (i.e. country) of nationality:	State (i.e. country) of res	idence: US			
US -					
This person is applicant all designated all designated States all	m	United States America only the States indicated in the Supplemental Box			
Name and address: (Family name followed by given name; for a legal entiry. The address must include postal code and name of country. The country of the Box is the applicant's State (i.e. country) of residence if no State of residence MORREN, Nelson J. 7677 Fillmore Hudsonville, Michigan 49426 United States of America	y, full official designation e address indicated in this is indicated below.)	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.)			
State (i.e. country) of nationality: US	State (i.e. country) of re	sidence: US			
This person is applicant all designated States all designated States all designated States		United States and the States indicated in the Supplemental Box			
Name and address: (Family name followed by given name; for a legal enti- The address must include postal code and name of country. The country of the Box is the applicant's State (i.e. country) of residence if no State of residence KENNEDY, John J. 920 Irving Royal Oak, Michigan 48067 United States of America	ty, full official designation. Le address indicated in this e is indicated below.)	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.)			
State (i.e. country) of nationality:	State (i.e. country) of re	esidence:			
US	c th	US the United States indicated in			
This person is applicant all designated for the purposes of: Name and address: (Family name followed by given name; for a legal ent The address must include postal code and name of country. The courtry of the Box is the applicant's State (i.e. country) of residence if no State of residence if no State of state of the Brooklyn, Michigan 49230 United States of America	ity, full official designation, the address indicated in this	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.)			
State (i.e. country) of nationality: US	State (i.e. country) of r	US			
This person is applicant all designated all designated for the purposes of:		the United States the States indicated the Supplemental Bo			
Further applicants and/or (further) inventors are indicated on another continuation sheet.					

Continuation of Box No. III FURTHER APPLICANTS AND/OR (FURTHER) INVENTORS				
If none of the following sub-boxes is used, this sheet is not to be included in the request.				
Name and address: (Family name followed by given name; for a legal entity The address must include postal code and name of country. The country of the Box is the applicant's State (i.e. country) of residence if no State of residence ROGERS, Jimmy C. 543 Rte. 9 Berwick, Maine 03901 United States of America	y, full official designation. e address indicated in this is indicated below.) This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.)			
State (i.e. country) of nationality: US	State (i.e. country) of residence: US			
This person is applicant all designated States all designated States all designated States	States except es of America only the States indicated in the Supplemental Box			
Name and address: (Family name followed by given name; for a legal entir The address must include postal code and name of country. The country of the Box is the applicant's State (i.e. country) of residence if no State of residence of the State of State of State of RAY, John D. 279 Bridge Street Union, New Hampshire 03887 United States of America	ty, full official designation. te address indicated in this e is indicated below.) This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.)			
State (i.e. country) of nationality:	State (i.e. country) of residence:			
This person is applicant all designated all designated States the United States	States except the United States the States indicated in the Supplemental Box			
Name and address: (Family name followed by given name; for a legal entitude address must include postal code and name of country. The country of the Box is the applicant's State (i.e. country) of residence if no State of residence BATCHELDER, Bruce A. 45 Wadleigh Falls Road Lee, New Hampshire 03824 United States of America	ity, full official designation. the address indicated in this see is indicated below.) This person is: applicant only applicant and inventor inventor only (if this check-box is marked, do not fill in below.)			
State (i.e. country) of nationality:	State (i.e. country) of residence:			
US	US			
This person is applicant all designated all designated for the purposes of:	States except ates of America only the States indicated in the Supplemental Box			
Name and address: (Family name followed by given name; for a legal ent The address must include postal code and name of country. The country of t Box is the applicant's State (i.e. country) of residence if no State of residence GALLAGHER, Michael J. 325 Winnacunnet Road Hampton, New Hampshire 03842 United States of America	DE MEN (33 DENCINCUS DE NAME			
State (i.e. country) of nationality:	State (i.e. country) of residence:			
This person is applicant all designated for the purposes of:	d States except the United States the States indicated in the States indicated in the Supplemental Box			
Further applicants and/or (further) inventors are indicated on another continuation sheet.				

CL .		4					
Sheet	NO.		٠	٠			٠

Continuation of Box No. III FURTHER APPLICANTS AND/OR (FURTHER) INVENTORS			
If none of the following sub-boxes is used, this sheet is not to be included in the request.			
Name and address: (Family name followed by given name; for a legal entitle address must include postal code and name of country. The country of Box is the applicant's State (i.e. country) of residence if no State of residence RHODES, Richard D., Jr. 13 Wil Nor Avenue Somersworth, New Hampshire 03878 United States of America		This person is: applicant only applicant and inventor inventor only (If this check-bax is marked, do not fill in below.)	
State (i.e. country) of nationality:	State (i.e. country) of res	sidence:	
US	Comment the	US United States	
This person is applicant all designated all designated for the purposes of:		America only the Supplemental Box	
Name and address: (Family name followed by given name; for a legal en The address must include postal code and name of country. The country of Box is the applicant's State (i.e. country) of residence if no State of residen	uity, full official designation. The address indicated in this tice is indicated below.)	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.)	
State (i.e. country) of nationality:	State (i.e. country) of re	sidence:	
This person is applicant all designated all designated for the purposes of:		United States America only the States indicated in the Supplemental Box	
Name and address: (Family name followed by given name; for a legal e The address must include postal code and name of country. The country of Bax is the applicant's State (i.e. country) of residence if no State of reside	nsity, full official designation f the address indicated in this nce is indicated below.)	This person is: applicant only applicant and inventor inventor only (If this check-bax is marked, do not fill in below.)	
State (i.e. country) of nationality:	State (i.e. country) of r	esidence:	
This person is applicant all designated all designated for the purposes of:		the States indicated in the States indicated in the Supplemental Box	
Name and address: (Family name followed by given name; for a legal The address must include postal code and name of country. The country Box is the applicant's State (i.e. country) of residence if no State of resid	entity, full official designation. of the address indicated in this ence is indicated below.)	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.)	
State (i.e. country) of nationality:	State (i.e. country) of i	residence:	
	States of America	the United States the States indicated in the Supplemental Bo	
Further applicants and/or (further) inventors are indicated on another continuation sheet.			